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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *yes A. R.*  
 This appln claims benefit of 60/276,591 03/16/2001

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None*

IF REQUIRED, FOREIGN FILING LICENSE  
 GRANTED \*\* SMALL ENTITY \*\*  
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<i>A.R.</i> <i>A.R.</i> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after conditions met Allowance Verified and <i>Raymond Roome</i> <i>A.R.</i> Acknowledged Examiner's Signature Initials	STATE OR COUNTRY MI	SHEETS DRAWING 4	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 2
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TITLE

Apparatus for treatment and prevention of alopecia

<p>FILING FEE RECEIVED 489</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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